

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12732

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 113

1. PLACE OF DEATH  
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Osage

b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City

c. CITY OR TOWN Chamois

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Osteopathic Hospital 2 mile East of Chamois

3. NAME OF DECEASED (Type or Print)  
a. (First) Olinda b. (Middle) Sophia c. (Last) Lieneke

4. DATE OF DEATH (Month) (Day) (Year)  
April 7, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 9, 1872

9. AGE (In years last birthday) 83  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 11 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Marthasville, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Otto Ahmann

13b. MOTHER'S MAIDEN NAME Eliza Hildebrand

14. NAME OF HUSBAND OR WIFE Louis Lieneke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Arthur Paulsmeyer, Chamois, Missouri

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
ANTECEDENT CAUSES  
DUE TO (b) Hypertension  
DUE TO (c) Several years  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
331x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1956, to 4/7, 1956, that I last saw the deceased alive on 4/7, 1956 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Duffen MD

23b. ADDRESS 420 E. High, Jefferson City, Mo.

23c. DATE SIGNED 4-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7 April 56

24c. NAME OF CEMETERY OR CREMATORY E + R CEMETERY

24d. LOCATION (City, town, or county) (State) Chamois, Mo.

DATE REC'D BY LOCAL REG. 9 April 1956

REGISTRAR'S SIGNATURE R. P. Darris, MD - SR.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Stanley E. Dreyer Chamois, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Stanley E Meyer*

Licensed Embalmer No. *463*

P. O. Address *Charrois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.